



General Assembly

January Session, 2013

Raised Bill No. 6545

LCO No. 3790



Referred to Committee on HUMAN SERVICES

Introduced by:
(HS)

***AN ACT CONCERNING DRUG PRIOR AUTHORIZATION FOR
MEDICAID RECIPIENTS.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 17b-491a of the general statutes is repealed and
2 the following is substituted in lieu thereof (*Effective July 1, 2013*):

3 (a) The Commissioner of Social Services may require prior
4 authorization of any prescription for a drug covered under a medical
5 assistance program administered by the Department of Social Services,
6 including an over-the-counter drug. The authorization for a brand
7 name drug product shall be valid for one year from the date the
8 prescription is first filled. The Commissioner of Social Services shall
9 establish a procedure by which prior authorization under this
10 subsection shall be obtained from an independent pharmacy
11 consultant acting on behalf of the Department of Social Services, under
12 an administrative services only contract.

13 (b) When prior authorization is required for coverage of a
14 prescription drug under a medical assistance program administered by

15 the Department of Social Services and a pharmacist is unable to obtain
16 the prescribing physician's authorization at the time the prescription is
17 presented to be filled, the pharmacist shall dispense a one-time
18 fourteen-day supply. The commissioner shall process a prior
19 authorization request from a physician or pharmacist not later than
20 two hours after the commissioner's receipt of the request. If prior
21 authorization is not granted or denied within two hours of receipt by
22 the commissioner of the request for prior authorization, it shall be
23 deemed granted.

24 (c) The Commissioner of Social Services, not later than October 1,
25 2012, shall issue a flier to pharmacies for distribution to Medicaid
26 recipients who receive such one-time prescription supplies in the
27 absence of prior prescription authorization. The flier shall notify
28 recipients that (1) prior authorization is required for the prescription to
29 be fully filled, (2) the fourteen-day supply is a one-time supply, and (3)
30 recipients must contact the prescriber to arrange for prior
31 authorization of a full prescription. The commissioner shall require
32 pharmacists who receive Medicaid reimbursements for prescriptions
33 to provide said flier to such Medicaid recipients.

34 (d) The commissioner shall provide written notice to a Medicaid
35 recipient when the department electronically denies or partially denies
36 Medicaid prescription payments at the pharmacy immediately after
37 the denial or partial denial or by mail not later than twenty-four hours
38 after such denial or partial denial. Such notice shall identify (1) the
39 drug, (2) the reason for denial or partial denial, (3) the procedures for
40 appealing such denial or partial denial, and (4) options for obtaining a
41 supply of such drug or a substitute drug. The commissioner shall give
42 notice to the prescriber, in writing or electronically, not later than two
43 business days after the denial or partial denial of applicable prior
44 authorization requirements and alternative drugs which do not require
45 prior authorization. If the prescriber does not request prior
46 authorization or prescribe a substitute drug within twelve calendar
47 days after such notice, the commissioner shall contact the prescriber

48 concerning such options.

49 [(d)] (e) Notwithstanding the provisions of section 17b-262 and any
 50 regulation adopted thereunder, on or after July 1, 2000, the
 51 Commissioner of Social Services may establish a schedule of maximum
 52 quantities of oral dosage units permitted to be dispensed at one time
 53 for prescriptions covered under a medical assistance program
 54 administered by the Department of Social Services, including
 55 prescriptions for over-the-counter drugs, based on a review of
 56 utilization patterns.

57 [(e)] (f) A schedule established pursuant to subsection [(d)] (e) of
 58 this section and on and after July 1, 2005, any revisions thereto shall be
 59 submitted to the joint standing committees of the General Assembly
 60 having cognizance of matters relating to public health, human services
 61 and appropriations and the budgets of state agencies. Within sixty
 62 days of receipt of such a schedule or revisions thereto, said joint
 63 standing committees of the General Assembly shall approve or deny
 64 the schedule or any revisions thereto and advise the commissioner of
 65 their approval or denial of the schedule or any revisions thereto. The
 66 schedule or any revisions thereto shall be deemed approved unless all
 67 committees vote to reject such schedule or revisions thereto within
 68 sixty days of receipt of such schedule or revisions thereto.

This act shall take effect as follows and shall amend the following sections:		
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Section 1	July 1, 2013	17b-491a
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Statement of Purpose:

To make changes in Medicaid prior authorization requirements to ensure that eligible recipients and prescribers are informed of prior authorization denials.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]